





HAWAII STATE ETHICS COMMISSION ORGANIZATION'S EXPENDITURES AND CONTRIBUTIONS REPORT 13 APR -1 A11:02

	ORT YEAR: 201		Amended Stateme			
or L	obbying Reporting P	Period: 🗸 January 1 -	⊒ last day of February	March 1 - April 30	May 1	- DedecuperO31H
)RG	ANIZATION INFO	RMATION	<u>.</u> .		S	TATÉ ÉTRICS CO
SAFEWAY, INC.				KEITH TURNER		
Organization Name				Contact Person		
91	8 STONERIDGE	MALL ROAD				
/lailir	ng Address (Numb	er and Street or P.O. B	ox)			
PLEASANTON			CA		94588	
City				State		Zip Code
925	5) 467-2212		KEITH.TURN	ER@SAFEWAY.COM	1	
elep	hone	Extension	Email Address			
'AR	T I. TOTAL EXPE	NDITURES				
						Total Amount
1						0.00
2	Media Advertisin	g			2	0.00
•						
3	Postage				3	0.00
3 4	Compensation Pa	aid to Lobbyists (Atta	ched Additional Sheet	s As Needed)	3	0.00
	Compensation Pa	aid to Lobbyists (Atta		s As Needed)	3	0.00
	Compensation Palist the names of all to Lobbyist Name	aid to Lobbyists (Atta obbyists and compensation	ched Additional Sheet paid to lobbyists during the	s As Needed) e statement period Compensation Paid		0.00
	Compensation Palist the names of all to Lobbyist Name A. HAWAII PUBL	aid to Lobbyists (Atta obbyists and compensation	ched Additional Sheet n paid to lobbyists during the ES, LLC	s As Needed) e statement period Compensation Paid A2,5	500.00	0.00
	Compensation Palist the names of all to Lobbyist Name A. HAWAII PUBL B.	aid to Lobbyists (Atta obbyists and compensation	ched Additional Sheet n paid to lobbyists during the ES, LLC	s As Needed) e statement period Compensation Paid A	500.00	0.00
	Compensation Palist the names of all to Lobbyist Name A. HAWAII PUBL B	aid to Lobbyists (Atta obbyists and compensation LIC POLICY ADVOCAT	ched Additional Sheets n paid to lobbyists during the ES, LLC	s As Needed) e statement period Compensation Paid A. 2,5 B	500.00	0.00
	Compensation P. List the names of all to Lobbyist Name A. HAWAII PUBL B C	aid to Lobbyists (Atta obbyists and compensation LIC POLICY ADVOCAT	ched Additional Sheet n paid to lobbyists during the ES, LLC	s As Needed) e statement period Compensation Paid A. 2,5 B C D.	500.00	0.00
	Compensation Palist the names of all to Lobbyist Name A. HAWAII PUBL B	aid to Lobbyists (Atta obbyists and compensation LIC POLICY ADVOCAT	ched Additional Sheets in paid to lobbyists during the ES, LLC	s As Needed) e statement period Compensation Paid A. 2,5 B	500.00	0.00
	Compensation P. List the names of all to Lobbyist Name A. HAWAII PUBL B C D F	aid to Lobbyists (Atta obbyists and compensation LIC POLICY ADVOCAT	ched Additional Sheet n paid to lobbyists during the ES, LLC	s As Needed) e statement period Compensation Paid A. 2,5 B. C. D. E. F.	500.00	0.00
	Compensation Palist the names of all to Lobbyist Name A. HAWAII PUBL B	aid to Lobbyists (Atta obbyists and compensation LIC POLICY ADVOCAT	ched Additional Sheets In paid to lobbyists during the ES, LLC	s As Needed) e statement period Compensation Paid A. 2,5 B. C. D. E F G	500.00	2,500.00
	Compensation Palist the names of all to Lobbyist Name A. HAWAII PUBL B	aid to Lobbyists (Atta obbyists and compensation LIC POLICY ADVOCAT	ched Additional Sheet n paid to lobbyists during the ES, LLC	s As Needed) e statement period Compensation Paid A. 2,5 B. C. D. E. F. G. Total Compensation	500.00 Paid ▶ 4	
5	Compensation Palist the names of all to Lobbyist Name A. HAWAII PUBL B	aid to Lobbyists (Atta obbyists and compensation LIC POLICY ADVOCAT tional Attached Sheet(s ugh G	to Lobbyists)	s As Needed) e statement period Compensation Paid A. 2,5 B. C. D. E. F. G. Total Compensation	500.00 Paid ▶ 4	2,500.00
4	Compensation Palist the names of all to Lobbyist Name A. HAWAII PUBL B. C. D. E. F. C. Total from Addit Add lines A through Fees Paid to Contenter tainment &	aid to Lobbyists (Atta obbyists and compensation LIC POLICY ADVOCAT tional Attached Sheet(s ugh G nsultants (other than Events	to Lobbyists)	s As Needed) e statement period Compensation Paid A. 2,5 B. C. D. E. F. G. Total Compensation	Paid ► 45	2,500.00 0.00
5 6	Compensation Palist the names of all to Lobbyist Name A. HAWAII PUBL B	aid to Lobbyists (Atta obbyists and compensation LIC POLICY ADVOCAT tional Attached Sheet(s ugh G nsultants (other than Events als, Food & Beverage	to Lobbyists)	s As Needed) e statement period Compensation Paid A. 2,5 B. C. D. E. F. G. Total Compensation	Paid ► 4567	2,500.00 0.00 0.00
5 6 7	Compensation P. List the names of all to Lobbyist Name A. HAWAII PUBL B. C. D G. Total from Addit Add lines A throu Fees Paid to Cor Entertainment & Receptions, Mea	aid to Lobbyists (Atta obbyists and compensation LIC POLICY ADVOCAT tional Attached Sheet(s ugh G nsultants (other than Events als, Food & Beverage	to Lobbyists)	s As Needed) e statement period Compensation Paid A. 2,5 B	Paid ► 4	2,500.00 0.00 0.00

EXPENDITURES OF \$25 OR MORE PER PERSON PER DAY List all expenditures incurred for the purpose of lobbying of \$25 or more per person per day during the statement period. Name & Address Amount or Value Check here if additional sheets are attached AGGREGATE EXPENDITURES OF \$150 OR MORE PER PERSON List all expenditures incurred for the purpose of lobbying in the total sum of \$150 or more per person during the statement period. Name & Address Amount or Value Check here if additional sheets are attached PART II. CONTRIBUTIONS RECEIVED List all contributions received for the purpose of lobbying in the total sum of \$25 or more per person during the statement period. Name & Address Amount or Value Check here if additional sheets are attached PART III. SUBJECT AREAS OF LOBBYING Legislative and/or administrative action in the following areas was supported or opposed during the statement period: Agriculture Education Human Services Science, Technology & Economic Development Communications & Government Operation & Intergovernmental Relations, Tourism & Recreation **Public Utilities** International Affairs Finance Consumer Protection & Hawaiian Affairs Labor & Employment Transportation Commerce Culture, Arts, Historic Health Planning, Land & Water Other (indicate below): Preservation Use Management Ecology, Energy Housing Public Safety & Corrections **Environmental Protection** I hereby certify that the statements made above are correct and complete to the best of my knowledge 3/25/2013 Signature of Authorized Person Date **KEITH TURNER DIRECTOR OF PUBLIC AFFAIRS** Print Name Title

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